



North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities
and Substance Abuse Services

Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Richard J. Visingardi, Ph.D., Director

MEMORANDUM

TO: Hospital Directors
Social Work Directors

FROM: Jim Osberg
Laura White

RE: Discharge Plan Approval

DATE: March 12, 2003

As you know, the Division will need to approve all discharges from gero and adult long term units between March 1 and June 30, 2003. These discharges will constitute the "downsizing/Olmstead" population for this fiscal year. For approval, fax discharge plans to Laura White at (919) 508-0955 at least several days prior to anticipated discharge. Approved discharge plans will be signed and faxed back to the hospital the next working day. If there are questions about the plan, hospital and area program staff will be contacted to discuss the issue. In Laura's absence, Jim Osberg will provide back up for the review and approval process.

Discharge plans are to reflect a collaborative planning process including the individual, family and guardian if appropriate, hospital staff and area program staff. Area program staff are expected to take the lead in identifying the specific community services and supports that will assist the individual to be successful in his or her community. The discharge plan is to be signed by the individual, family and guardian if appropriate, hospital staff and area program staff.

The Division is not mandating the format for the discharge plans, however the following information must be included:

- Individual name, date of birth, current hospital unit;
- County of residence and county of placement, if different;
- Date of admission and anticipated date of discharge;
- Diagnoses;

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3014 Mail Service Center
Raleigh, NC 27699-3004

Telephone 919-715-1294
FAX Number 919-508-0959

LOCATION:
Albemarle Building
325 North Salisbury Street, Suite 688
Raleigh, NC
State Courier: 56-20-24

- Primary hospital staff for discharge planning purposes and phone number(s), primary area program staff and phone number(s);
- Statement of individual's preferences regarding discharge;
- Community services the individual will receive upon discharge and the start dates for the services, including:
 - residential placement (type of placement and, if appropriate name of facility)
 - day activity and/or supported employment
 - clinical services
 - other community supports and services.

Enclosed with this memo is a discharge planning format developed by Wake Human Services. It is a "working document" that can be used throughout the discharge planning process and contains additional information to that listed above. Hospitals and area programs may adopt this format.

Approval of discharge plans will be based on two criteria:

- Community services are appropriate and sufficient to meet the needs, or at least the most critical needs, of the individual, and
- The community/area program are ready to provide the identified services immediately upon discharge.

Any questions you have about the information in this memo can be discussed during the conference call scheduled for Tuesday, March 18, at 10:00. If you need clarification prior to that, please contact Laura White at (919) 733-3654.

Cc: Don Willis
 Stan Slawinski
 Lisa Haire
 Doug Baker

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